

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE		
							APPLICANT(S)			
							CLAIMS			
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51			
2	1						52			
3	(1)						53			
4	(1)						54			
5	(1)						55			
6	(1)						56			
7	(1)						57			
8	(1)						58			
9	(1)						59			
10	(1)						60			
11	(1)						61			
12	(1)						62			
13	(1)						63			
14	1						64			
15	1						65			
16	1						66			
17	1						67			
18	1						68			
19	1						69			
20	1						70			
21							71			
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40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	2						TOTAL IND.			
TOTAL DEP.	11	18					TOTAL DEP.			
TOTAL CLAIMS	13	20					TOTAL CLAIMS			